

2514 PATENT ATTORNEY DOCKET NO.-43889-929

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Toyokazu FUJII, et al.

Serial No.: 09/536,618/

Group Art Unit: 2814

Filed: March 28, 2000

Examiner: H. PHAM

For: A SEMICONDUCTOR DEVICE HAVING IMPROVED PLANARIZATION

PROPERTIES AND A METHOD FOR FORMING THE SAME (AS AMENDED))

AMENDMENT TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

1. X Transmitted herewith is an amendment for the above-identified application.

STATUS

2. X Applicant is ___ is small entity - verified statement: attached ___ already filed. X other than a small entity.

EXTENSION OF TIME

TUMPLIO TON

- 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.
 - (a) X Applicant petitions for an extension of time for the total number of months checked below:

(months)	SMALL ENTITY	SMALL ENTITY				
one month X two months	\$ 55.00 205.00	\$ 110.00 410.00				
three months four months	465.00 725.00	930.00 1,450.00				

Fee \$ 410.00

If an additional extension of time is required, please consider this a petition therefor.

An extension for ___ months has already been secured and the fee paid therefor of ___ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$

אמנות מסנותה מהס ססס

(b) ____ Applicant believes that no extension of time is required.

However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

RECENTED
ANG-7 2003
ANG-7 CENTER 2800

The fee for claims has been calculated as shown below: 4.

	:	Claims Remaining After Amendment	:	Highest Number Previously Paid For	Pres : Ext		Rate_		:	Additional Fee
Total	:		:		:	:				
Claims	:	21	:	_20	_ : _ 1	:	x \$ 18.00	_=_	_ :	18.00
Independe	nt :		:		:	:			-;	-
Claims	:	2	:	3	: 0	:	x \$ 84.00	=	: _	0.00
Multiple	Depe	ndent Claims	(f:	rst present	ation)	:	\$280.00	_ =	:	0.00
					Tot	al		=	_:	18.00
				Reduc	tion b	уЖ	for		:	
			_small	entit	У			:	- 0	
				TOTAL	FEE	_			:	\$ 18.00

No additional fee for claims is required. (a)

-OR-

The total additional fee for claims required \$ 18.00 . (b)

FEE PAYMENT

- Attached is a check in the amount of \$. 5.
 - Charge Deposit Account No. 50-0417 the amount of \$ 18.00 . A X duplicate copy of this Transmittal is enclosed for accounting purposes.

FEE DEFICIENCY

If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 50-0417.

AND/OR

If any additional fee for claims is required, charge Deposit <u>X</u> Account No. 50-0417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

By:

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